

Patient-Centered Medical Home Advisory Council
Meeting Minutes
November 7, 2012

Office of the Commissioner of Securities and Insurance (CSI) Conference Room, Helena, and by phone

Members present

Paula Block, Montana Primary Care Association
Dr. Doug Carr, Billings Clinic
Dr. Janice Gomersall, Montana Academy of Family Physicians
Dr. Jonathan Griffin, St. Peter's Medical Group
Lisa Wilson, Parents, Let's Unite for Kids-PLUK
JP Pujol, New West Health Services
Dror Baruch for Kirsten Mailloux, EBMS
Alan Hall, Allegiance Life and Health Company
Kristin Juliar, Montana Office of Rural Health
Dr. Paul Cook, Rocky Mountain Health Network
Dr. Tom Roberts, Western Montana Clinic
Dr. Deborah Agnew, Billings Clinic
Cindy Stergar, CHC-Butte Silver Bow Primary Care Clinic
Dr. Rob Stenger, Grant Creek Family Practice, St. Patrick's Hospital

Members absent

Bob Olson, MHA
Claudia Stephens, Montana Migrant and Seasonal Farm Worker Council
Bernadette Roy, CHC-Partnership Health Center
Dr. Jay Larson, Independent Provider
Dr. Fred Olson, BCBS MT
Carol Kelley, MT Medical Management Association
John Hoffland, DPHHS Medicaid, Passport to Health

Interested parties present

Janice Mackensen, Mountain Pacific Quality Health
Will Robinson, NCQA
Dwight Hiesterman, Mountain Pacific Quality Health
Todd Lovshin, PacificSource Health Plans
Hannah Pulaski, Bozeman Deaconess Health Group
Aaron Denny, Montana Academy of Physician Assistants
Larry White, AHEC
Brad Thompson, The HALI Project
Claudia Clifford, AARP
Sarah Medley, Mountain Pacific Quality Health
Dan Batista, Pfizer Pharmaceuticals

CSI staff present

Christa McClure
Amanda Roccabruna Eby- Minutes recorder
Christina Goe

Welcome, roll call, agenda review, and approval of minutes

The minutes were approved unanimously by acclamation.

Lisa Wilson of PLUK – information on pediatric medical homes

The Medical Home concept initially began with pediatric practices. Medical Homes are beneficial for coordinating the care and services for special needs children. The Rhode Island program recognizes the public health standards. It uses a complimentary system of empowering parents to take some of the coordination load off of the practice.

Brad Thompson, MA, LPC-S, Director of the HALI project and former member of the American Academy of Pediatrics Medical Home Advisory Committee

Brad Thompson presented on The HALI Project's Medical Home Model, in Texas and Nebraska. He has a special needs child and learned that although the services for her around them were good, there were not services available to help parents navigate all the services and resources for their children. HALI provides tools for parents to be emotionally healthy as they advocate for their children. He convinced a pediatrician to re-arrange well-child and sick child visits to allow more time for him to meet with the parents of special needs children about navigating resources for their child. There are many non-medical services practices are not getting paid for. His medical home program provides the non-medical services. A care coordinator can extend the network of services to the other areas of life for the children such as school and social services.

Brad provides the emotional connection to the pediatric medical home because parents speak the same language. He adapts to the specific need of the practice. A practice's (parent) partner participates in a 2-3 day training in a small group with other organizations who provide services and support for families, in effort to create a community team. The partner participates in monthly update calls with the HALI trainers. There's also a monthly one-on-one call with Brad for the practice to talk to him about any issues that might be going on with the partner. Families can get more questions answered in the same place at the same time. Practices can operate more efficiently and are allowed to work at the top of their license more frequently. A partner in the practice can allow for the immediate connection. A parent being involved in the practice leads to cost-savings for the practice. The majority of the special needs children are Medicaid patients and providers often have to limit how many Medicaid patients they can take.

Dr. Agnew described collaborative efforts at Billings Clinic. Billings Clinic Patient Partners is a new program the clinic recently started where patients recommended by their physicians meet and advise Billings Clinic to guide them on their medical home process. Billings Clinic is considering creating a Parent Patient Partners group in Pediatrics. These people are entirely volunteers; Billings Clinic doesn't pay them anything. They recently put a care navigator in their pediatric department; insurance companies seem to be more comfortable paying for positions like these because they are trained RNs. The question of how to pay for this is a huge issue since Montana has so many Medicaid and CHIP patients. The Montana Chapter of the American Academy of Pediatrics formed a committee to advise solutions for implementing the medical home in a Medicaid/CHIP/Multi-stakeholder environment. Coordinating these kids' care is a very wise thing because pediatricians are going to be held to the same health standards for children as the rest of the population. It's about bringing in the recognized evidence based care and care coordination. The group is looking at the larger picture of the public health standards.

Report on new NASHP Learning Collaborative: Building Primary Care Infrastructure through Multi-Payer Medical Home Pilots, Technical Assistance Grant

CSI staff and Dr. Carr described the recent application submitted to NASHP for an eighteen month long technical assistance grant. The learning collaborative's expected milestones should naturally occur with the progression of Montana's PCMH initiative. The grant will help ensure the council's accomplishments are carried on to the future commission and assist the commission with successful and sustainable launch and implementation of the Montana PCMH program.

Discuss method for voluntary reporting PCMH contracts to the Advisory Council

Dr. Carr described how the application process for the NASHP grant revealed the knowledge gap that exists around quantifying the current PCMH activity in the state. The Advisory Council should be able to detail that for the general public as it advocates for PCMH model. He asked the payers and providers to consider the best way to report the practices and members that are contracted in PCMH models, ensuring the confidentiality of the contractual relationships. The council will revisit the issue at its next meeting.

CSI Report on PCMH Legislation

- Update on outreach to targeted stakeholders-

Claudia Clifford from AARP brought to CSI's attention that the definition for medical homes in the legislation might need to be changed in order for Medicaid to receive an enhanced federal match that will be available for Medicaid participants of health homes. The 100% federal match applies to the newly eligible expansion population of Medicaid. Christina Goe referred to a document, "State Option to Provide Coordinated Care through a Health Home for Individuals with Chronic Conditions." The document defines "health homes," "health home services," and "provider." Another possibility could be for Medicaid to adopt its own definition of medical homes in their own state plan amendment rather than in the PCMH statute. However, that would run the risk of inconsistencies between a Medicaid PCMH program and the Montana PCMH program established from the legislation. It is possible for a health home to exist within a medical home because it is slightly more directed toward the social linkages. The health home definition is further restrictive; therefore, hopefully the current PCMH definition is broad enough that it encompasses it. Christina could ask CMS officials to verify whether or not the current definition is inclusive enough to allow for the Medicaid enhanced reimbursement for health homes. CSI staff will also ask Medicaid to have their experts check into the health home definition.

Aaron Derry, the legislative liaison for the Montana Academy of Physician Assistants asked that "physician assistant" be added after "nurse practitioners" in Section 2 (5)(b). **Paula Block moved and Dr. Stenger seconded a motion to add "physician assistants" to the bill draft. The motion passed unanimously.**

- Survey report-
Amanda described the report CSI put together of the responses to the survey sent out on the PCMH draft legislation. A majority of the responses were in support of the legislation; a significant minority of the respondents that didn't support it seemed to misunderstand the PCMH concept or the legislation based on their narrative responses. This underscores the need for further discussion and education. CSI staff will be working on responding to the concerns and

questions about the legislation and asked the council to provide input on them and they would leave the de-identified report posted on the CSI website.

Conflict of interest statement update

The council filled these forms out last October and they should be updated annually. If any council member is part of an organization that may be a potential vendor applicant for a future project related to PCMH, they need to disclose it. Amanda will email the form to the advisory council members only and asked that they fill it out and return it as soon as possible.

NASHP IMPaCT Learning Community Update

Since the last council meeting, the IMPaCT team had a sector call at the end of September that focused on quality improvement and practice coaching. Montana described practice coaching efforts by MPCA, the council's webinar series, and AHEC's study on PCMH workforce recommendations. The team also presented information on practice transformation efforts underway by MPQH and the REC, as well as developing quality metric capabilities and the council's quality metric set recommendations.

The IMPaCT team had their quarterly check-in call with NASHP staff in October to discuss Montana's progress and submitted the interim progress report they are still awaiting feedback on.

The next scheduled IMPaCT activity is a care management call next week and the team would appreciate any information from the council on care management activities in the state to include in their report.

Education

Since the last council meeting Commissioner Lindeen gave presentations at the MT Chapter ACP meeting and the MHA annual convention. Both were well received and elicited good questions and discussion on PCMH. Amanda also had a booth at the MHA convention which provided opportunity for great outreach to rural clinics and more that hadn't been brought into the PCMH initiative.

Dr. Carr attended the MT Healthcare Financial Management Association in October which had statewide attendees and did outreach on PCMH.

Dr. Carr described the upcoming legislative dinner in Billings hosted by St. Vincent's, Billings Clinic, and Riverstone Health to discuss health care issues with the legislators for the 2013 session; the PCMH legislation will be on the agenda. He suggested to Dr. Gomersall that it would be great to do something similar in Missoula.

Amanda asked for suggestions on further outreach and feedback for any updates needed to the resource web page.

Quality Metrics

Dr. Griffin – The capabilities of the state HIE do encompass the selected PCMH quality metrics. It's ready to go from that standpoint. We will have to see how the data flows from there to determine analytics, etc.

Public Comment

None

Next Meeting

The next meeting will be December 5, 2012, on the phone.

Meeting Adjourned at 4:08pm